

LOCATION AND DATE OF INCIDENT

LOCATION OF INCIDENT

☐ Hospital

☐ Home

☐ Other _____

ADDRESS OF INCIDENT

DATE(S) OF INCIDENT

DESCRIPTION OF INCIDENT

INCIDENT REPORTED TO OTHER ENTITIES

Was the incident reported to any other entity? If yes, provide name, phone number, date reported, and action taken.

NAME:

NAME:

PHONE #:

PHONE #:

DATE REPORTED:

DATE REPORTED:

ACTION TAKEN:

ACTION TAKEN:

ATTACHMENTS

Please attach the following applicable documentation:*

✓ ALL DOCUMENTATION REGARDING SUSPENSION/TERMINATION

✓ DRUG/ALCOHOL TEST RESULTS

✓ PERSONNEL FILE (SPECIFICALLY ALL PERFORMANCE RELATED ISSUES)

✓ EMPLOYEE DUTY STATEMENT

✓ WORK SCHEDULE/ASSIGNMENT SHEETS FOR DAY(S) OF INCIDENT

✓ ANY OTHER DOCUMENTS SUPPORTING ALLEGATIONS

** Statutory requirements for mandatory reporting are not deemed complete until all pertinent and applicable information requested is received by the RCB. Additional documentation may be requested.*

I hereby certify that the foregoing statements are true and correct and any documents attached are true copies.
I am aware that if any statements made by me are willingly false, I am subject to punishment.

Signature _____ Date _____